$\frac{South\ Bend\ Police\ Methamphetamine\ Laboratory\ Occurrence\ Report}{\text{This form complies with the statutory requirement set forth in IC 5 2-15 3}}.$

Date:	<u>10-20-12</u>	Address:	1416 S.Rush St.
Case #:	<u>12-0874NB</u>		South Bend, IN
County:	St. Joe		
Type of Laboratory Scizure (check one)		Scizure Location (c	
Chemic Dumpsi	al/Glassware/Equipment (only)	□ Residence □ Outbuilding □ Vehicle	☐ Hote]/Motel ☐ Open – No Structure ☐ Other:
Hems Found; Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Basement Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Basement Water Reactive Metal (Lithium): basement Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): basement Corrosive Acid: basement Corrosive Base: basement Other (item and location):			
Child under age 18 discovered (check one) Yes 01 (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencie Fire Department: South Bend Fire Dept.		Fax: 235-9305	
_	artment: St. Joe Co. Health Dept.	rax. <u>250-5400</u>	
For further information regarding this methamphetamine laboratory, contact. Investigating Officer: Sgt. Mike Suth Phone 235-9406			
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department			

listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.